



Members Guide to Benefits & Subscription Rates effective from 1st January 2022

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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 "**dependents**" 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 dependent and on cover with the Society
- ◆ 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. Newborn 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 any time in the six-month period prior to joining the Society's Comprehensive Contract). Failure to inform us of the pre-existing condition will result in non-payment of any claim related to the said condition.

1.4 Upgrading Cover Waiting Period

A "waiting period" of 2 years will apply to any enhanced Inpatient or Outpatient benefits provided by the Society over and above that provided in any previously held health insurance policy.

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

- ◆ If you remove a dependent from cover, it is your sole responsibility to inform them of your decision to do so.
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 will withhold payment of any claim and/or use its proceeds to eliminate such arrears. Ongoing subscription arrears will result in termination of your insurance cover & membership of the Society.

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 stay or poor-quality care is provided or injury is sustained, or treatment information/patient care notes are not provided.

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 stay or poor-quality care is provided or injury is sustained, or treatment information/patient care notes is not provided.

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 care hospital care. (See section 2.4 re Gynecologist fees). A 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.
- ◆ Oncotype DX Test on breast cancer tissue to aid the determination of appropriate treatment is covered in full by the Society in all private hospitals. The test is included in the daily charge for private patients in a public hospital.

2.4 Maternity Benefit

- ◆ The Society provides **full** cover for duration of confinement in a multi-occupancy/semiprivate room for up to 3 days in all Public Hospitals. Confinement more than 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 €1,900.00 – 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 applies when you transfer from another insurer before the Society’s full benefit in respect of the above maternity benefits will apply – previous insurer benefit will apply in the meantime.)
- ◆ (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 which usually means full cover. Contact the hospital concerned for details.)
- ◆ The above Hospital Confinement Fee and Gynecologist Fee benefits are **not payable** until 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 an adult in semi-private accommodation for up to but not exceeding 42 days in any period of 12 months commencing from the date of discharge in respect of treatment in any appropriate facility (excluding treatment of senile dementia) and subject to prior approval being granted by this office and at the rates agreed with the providers who include Hampstead Clinic, St John of God Hospital and St Patrick’s Hospital, Dublin. The Society pays €570 per day towards the cost of treatment in any adolescent (under 18yrs) treatment center to a maximum of 42 days in any 12-month period commencing from the date of discharge.

2.6 Substance Abuse

- ◆ Treatment for alcohol/drug/gambling abuse is covered for up to 28 days duration (including detoxification) of the treatment course subject always to prior approval being sought and granted. The preferred providers based on anecdotal evidence of success would be Chuain Mhuire, Galway, Athy, Newry and Bruree, Aiseiri in Cahir and Wexford, Smarmore Clinic in Ardee, White Oaks in Donegal, Hope House in Mayo, Tabor Lodge, Cork, Gulladoo, Leitrim and Bushypark Centre, Ennis. The patient will be obliged to undergo the full 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** commencing from the date of discharge and then only at the discretion of the Committee. **Outpatient 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 €600 per week towards **all** costs incurred during your stay such as Physiotherapy, Drugs etc.

2.8 Ambulance Cover – Maximum Allowable €1200.

The Society covers ambulance cost where a doctor certifies it is medically necessary because the patient is seriously ill or disabled and where it is used to transfer a patient between hospitals. Journeys from Home to Hospital or from an A&E Departments in Private Hospitals are not covered. Lifeline Ambulance at 1890 222 999 is covered by the Society.

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/Treatment - **70% of the cost to a maximum of €40 per consultation** and to a maximum of 30 consultations per family per annum. For children under 6 years and persons over 70 years not availing of the “Free GP Scheme” provided by the HSE – the benefit is confined to 60% of the cost to a maximum of €20. Itemised receipts from the GP **MUST** show the name of the GP providing the treatment, the name of the patient, date of the consultation and the cost of each GP consultation. Serving members GP visits are paid by the State directly to the GP.

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 max of €40.00. **Extractions & wisdom teeth** – paid to a max of €40.00
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 Dental Examinations/Cleaning and Scaling and Dental x-rays 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 by a Consultant 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 50% of the cost of a Consultation with a Medical Consultant.
- Psychiatrist/Deans Clinic Consultations - 50% of cost for a 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 set out at 3.9 where a max payment of 50% of cost to max of €200 applies for their services.**
- The Society will pay 60% of the cost of Physiotherapy when prescribed – to a maximum of €35 per visit and to a maximum of 10 per year. The Society will pay 60% of the cost of artificial limbs on a Consultant's Report once a year.

3.6 Hearing Aids

- The Society will pay 60% of the cost of a Hearing Aid to a max of €1000 per ear, once every 3 years. This calculation will be made after reducing the invoice by the €500 per ear PRSI benefit which your supplier should claim for you.

3.7 Restricted Cover

- (a) The following are covered at 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 – Acupuncture, Speech Therapy, Osteopathy, Chiropractics, Chiropody.
- (b) Counselling/Psychologist visits - 60% of the cost subject to a maximum payment of €35 per visit and subject to a maximum of 10 visits in a calendar year

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 payment of €230 once in a three-year period.
- ◆ We pay 60% of the cost of consultations/investigation/harvesting/storing/thawing and any treatment, consultation, advice re male/female infertility (IVF and/or IUI) to a maximum payment of €2,200 per couple where both parties receive/participate directly in the treatment (€1100 if only one of the couple on cover or only one receives/participates in the treatment). It is not available for the first year of membership and is confined to a maximum of **three** payments totaling €6,600 and is confined to the member together with his/her spouse/partner on cover for at least 12 months. (Receipts must clearly state if it is the 1st 2nd or 3rd treatment and name the person/persons receiving the treatment.)

3.9 Accident and Emergency Benefit in Public and Private Facilities

- ◆ *The Society will pay the full cost of €100 for attendance and treatment including all tests, X rays etc. at all Public Hospital A&E's in the State.*
- ◆ *The Society will refund 50% of the cost to a maximum of €200 towards all Private A&E type facilities at Beacon, Galway, Blackrock, Whitfield, Affidea, Hermitage and Sports Surgery Clinics, Bon Secours Group, Mater Private Dublin & Cork, including all Urgent Cardiac Care Units in these hospitals. You will incur major expense in attending these Private Type of A&E Units (hundreds of Euros) as compared to attending at a Public Hospital A&E Unit at a total fee of €100 which unlike private hospitals, includes a review visit if required.*
- ◆ **Note – If you are directed to attend one of the above clinics by your own treating Consultant – claim will be assessed in line with the Outpatient benefits applying to the various scans and tests – the Consultants Referral and Hospital Appointment letter must be attached to the claim – otherwise, the A&E benefit above will apply.**

3.10 Outpatient Scans – MRI and CT Scans.

- The Society has direct payment agreements with numerous **approved providers** countrywide for these scans outlined in the **MRI and CT Scan Section** of the website www.medicalaid.ie including contact details/location etc. Referral for the scan must be from a GP or Consultant. The maximum benefit payable where there is no agreement with the Society; **MRI & CT** – To a maximum of €190 per scan. Referral for these scans by Physiotherapists are not covered.

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 holidays 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 to disclose any preexisting 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 Outpatient 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

- ◆ It should be noted that the Society does not pay benefits in the case of a **Road Traffic Accident, Injury on Duty, Sporting Injury, Injury at School or other incidents** where a third party is liable or in respect of which an insurance premium has been paid to cover the activity. However, to relieve hardship which could be caused in paying such medical expenses upfront, 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 managing 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 you or 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 if injured, lodge your claim for medical expenses immediately with the Club and not from the Society. Similarly, if a child is injured in School grounds, lodge the medical expenses claim immediately with the school who will claim it from their insurance.

6. LIMITED SUMMARY OF ITEMS NOT COVERED – NB. Check with the office before commencing any treatment.

(1) Dental Implants/Examinations/Cleaning/Scaling/X-Rays (2) Eye Examinations/spectacles and contact lenses (3) Cosmetic treatment except “the correction of accidental disfigurement or significant congenital disfigurement”. (4) Medical Screening of any kind or check-ups or vaccinations for travel abroad (5) Unlicensed medicines and the cost of Medical Reports (6) The reversal of any contraceptive measure (7) Weight reduction programs/Nutritionists/Dietician or Consultant Dietician Fees (8) Alternative medical treatments/therapy provided by a Homeopath, Aromatherapist, Herbalist, Reflexologist, Spinologist or Hypnotherapist (9) Treatment/Maintenance not medically necessary (10) Massage & Holistic Treatment (12) Marriage counseling. (14) R.T.A. Hospital Charges (15) Hearing Tests.

7 SUBSCRIPTIONS

SUBSCRIPTION RATES EFFECTIVE FROM 1ST JUNE 2017.

Comprehensive Contract:	Subscription		
	Before Tax Relief	Deduction from pay/pension After Tax Relief	
1. Adult – Weekly Fee	€37.18 pw	€33.33 pw	(Retired Rate = divide Weekly rate by 7 and multiply by 365 and divide by 12 to calculate Monthly deduction from Pension)
2. One Child under 18	€12.77 pw	€10.85 pw	
Two Children under 18	€17.10 pw	€13.68 pw	
Three or more Children under 18	€18.81 pw	€15.05 pw	
3. One Child in 18 to 20yrs Scheme	€16.25 pw	€13.00 pw	
Two or more in 18 to 20 Scheme	€32.50 pw	€26.00 pw	
4. Discounted Adult Rate for 21yr old	€18.96 pw	€15.17 pw	- Max Discount of 49%
Discounted Adult Rate for 22yr old	€22.68 pw	€18.83 pw	- Max Discount of 39%
Discounted Adult Rate for 23yr old	€26.40 pw	€22.55 pw	- Max Discount of 29%
Discounted Adult Rate for 24yr old	€30.12 pw	€26.27 pw	- Max Discount of 19%
Discounted Adult Rate for 25yr old	€33.83 pw	€30.00 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 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.

8. PAYMENT OF CLAIMS

- ◆ Claim forms must be signed by the **member** - the third-party liability question answered 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.