



Garda Medical Aid Society

Members Guide to Benefits & Subscription Rate

1st January 2024

Garda Medical Aid Society

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ABOUT YOUR SOCIETY

Garda Medical Aid Society was founded and is managed by Gardai for the benefit of all Gardai and their families there are no shareholders, no profits to be made nor dividends to pay. All your subscriptions are returned to members in the payment of their claims We exist solely to look after you and your family's medical insurance needs at the very best value possible. If you have yet to join, talk to those around you The reasons to have quality health insurance will speak for themselves, among them the hazardous nature of the job you do.

QUALITY SERVICE

GMA is highly regarded by healthcare staff and Consultants with good reason We provide semi-private hospital cover at the most competitive rate possible We cover all hospitals. both Public and Private and provide excellent maternity cover, 100% cover in Private Hospitals – no excess.

SUPERIOR OUTPATIENT COVER

GMA's outpatient benefits stand head and shoulders above the rest. No other Insurer provides any cover towards your monthly Drugs bill - GMA's pays up to €720 per annum We cover substantial contributions for GP visits. Dental costs, Orthodontics, Laser eye, Counselling. Physio chiropody, Acupuncture, Speech Therapy, MRI & CT scans Consultant visits, IVF treatments, X-rays Blood Tests Orthotics and much more.

RELIABLE

Claim anytime when you need to - No need to wait until year end. This is rare with insurance companies. No other insurer will cover the cost of an Occupational injury - GMA will carry the cost (as per benefits) until your case is concluded. GMA only applies subscription increase when necessary and is acutely aware of members budgets.

DO YOUR RESEARCH

Whilst some insurers offer cheaper plans, they are just that - a cheaper product. GMA provides true quality cover. There are no hidden shortfalls, no co-payments and no limitations on which hospital you choose. GMA has no excesses - Other insurers will leave you with a bill when you least need it - when you are recovering from illness. Persons over 34 years of age who do not have health insurance. - insurers must apply a 2% loading per year which remains with you. View the GMA plan on our website The plan is comparable with VHI Health Plus Extra (Plan B Options) which costs in excess of €900 more annually and offers far fewer outpatient benefits.





St. Paul's Garda Medical Aid Society

Members Guide to Benefits & Subscriptions Rate Comprehensive Scheme Contents

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***We are a "Friendly Society", we aim to meet and exceed
our members expectations.***

***Always putting them first, helping them to live
longer, stronger, and healthier lives.***

Garda Medical Aid Society

A not-for-profit Society dedicated to offering exceptional health insurance to Members of An Garda Siochana & their Families.

1 - SUMMARY OF MEMBERSHIP RULES

(See Society Rule Book for the definitive rules of the Society.)

1.1 Membership

- Membership to the Society is a private health insurance confined to the members of the Garda Siochana, Retired members of the Garda Siochana, Widow and Widower and Partners 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 Members of the Society except those excluded 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 Membership Renewal

- Your membership will automatically roll-over from year to year.

1.6 Removal of Dependent from cover

- We will not remove any dependents from cover unless we are instructed by the Member. Young adults will remain on cover with the Society until they are 29yrs old.
- If you remove a dependent from cover, it is your sole responsibility to inform them of your decision to do so.

1.7 Subscription Deductions

- Your subscription payments will be automatically deducted from your payroll or pension payment.

1.8 Arrears of Premium/Subscriptions

- 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.

Note: Failure to act within the Society's Rules will result in the termination of your membership and policy

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.
- Day-case/Out-patient surgical: Full cover
- 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. Note: The only way a patient can be treated as a private patient in the public sector hospital is if they elect to be treated as a private patient. This can only occur at the time of admission at which they must submit a standard form electing to be treated as a private patient. The status

of the patient be they public or private, is not determined by the hospital infrastructure or bed they occupy, it is determined by whether they are treated as a private patient by a consultant or whether they are treated as a public patient by a Consultant.

Accident & Emergency in Public Hospitals are paid in full. Pay and reclaim.

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). This includes Hi-Tech Hospitals Blackrock Clinic, Mater Private & Beacon Hospital**
- Day-case/Out-patient surgical: Full cover, no excess
- No excess or shortfall applies for procedures.
- 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.
- **Accident & Emergency in Private Hospitals are paid at 50% of the cost to a maximum of €200 towards all costs. Pay and reclaim.**

3 - IN-PATIENT CONSULTANT BENEFITS

(Applies to Comprehensive Health Insurance Contract Holders)

3.1 In-Patient Consultants Fees

- The Society provides full cover at the **Participating Consultant Fee Rate** for services provided by Consultants such as Surgeons, Anaesthetists, and Physicians etc. in respect of all in-patient or day care hospital care. (See section 2.4 re Gynaecologist 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. Note: Consultants who treat a Member Privately must hold the correct category of contract which allows

them to treat Members privately. Professional Fees are payable to a Consultant where the service or care is personally provided by the Consultant.

Convalescent & 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 the 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

3.3 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.

4 - MATERNITY BENEFIT

(Applies to Comprehensive Health Insurance Contract Holders)

4.1 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/gynaecologist.
- **Obstetrician/Gynaecologist 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 team of Gynaecologists in the Rotunda Hospital, The Coombe and National Maternity Hospital (Holles Street offer a

SEMI-PRIVATE Gynaecology service to mothers, which if you choose to avail of will be covered up to the benefit limits above which usually means full cover and can be paid directly to the hospital on your behalf. Contact the hospital concerned for details)

- The above Hospital Confinement Fee and Gynaecologist Fee benefits are **not payable** until the mother has been insured with the Society for at least twelve months.
- 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 but not exceeding the Societies.
- Income Tax relief is claimable from Revenue on maternity costs incurred and not refunded by the Society.

5 - PSYCHIATRIC CARE & ADDICTION BENEFIT

(Applies to Comprehensive Health Insurance Contract Holders)

5.1 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) & subject to prior approval being granted by this office and at the rates agreed with the providers who include Highfield 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)

5.2 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 are not covered in St Patricks Hospital & St John of Gods

Garda Medical Aid Society

6 - OUTPATIENT BENEFITS

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

6.1 Drugs/Medicines/Sleep Apnea.

- Drugs/medicines on prescription and having a drugs code and the hire of a sleep Apnoea 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.

6.2 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.

6.3 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 per crown

Orthodontic incl. x-rays - 60% of the cost paid to a max of €1700 as a once o lifetime benefit per person on cover. Benefit is calculated against paid receipts attached to the claim. A waiting period of 12 months applies before this benefit applies.

Bridging - 60% of the cost to a maximum of €170.00 per unit

Dental Implants, Dental Examination/Cleaning & Scaling and Dental x rays are not covered.

6.4 Optical Benefit.

- **Eye Laser** - 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.

6.5 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, a maximum of 10 visits per annum.
- Society pays a maximum of 60% of the cost of out-patient treatment including X-rays and Dexa scan to a max of €50, Ultrasound to a maximum of 100, blood tests to a maximum of €150, pathological tests when ordered by a consultant and carried out in the hospital.

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 12 per annum.
- The Society will pay 60% of the cost of artificial limbs on a Consultant's Report once a year.

6.6 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.

6.7 Restricted Cover

(a) The following are covered at 60% of the cost and subject to a maximum payment of **€35** per visit and subject to a maximum of **12** visits in a calendar year—**Acupuncture, Speech-Therapy, Osteopathy, Chiropractors, Chiropody.**

(b) Counselling/Psychologist visits - 60% of the cost subject to a maximum payment of **€35** per visit and subject to a maximum of **12** visits in a calendar year

6.8 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 received/participate directly in the treatment. €1100 if only one of the couples on cover or only one receive/participates in the treatment. It is not available for the first year of membership and is confined to a maximum of three payments totalling €6,600 and is confined to the member together with his/her spouse/partner on cover for a 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.

6.9 – Accident & 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.

Private Hospital A&E

The Society will refund 50% of the cost to a maximum of €200 towards all Private A&E type facilities at Beacon, Blackrock Group, Whitfield, Affidea, Sports Surgery Clinic, 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 hospital, 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 when submitting.*

6.10 Outpatient Scans – MRI & CT Scans

The Society has direct payment agreements with numerous approved providers countrywide for these scans outlined in the MRI & CT Scan Section of our website www.medicalaid.ie including contact details and locations 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 €190.00 per scan. Referral for these scans by Physiotherapist.

7 - 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 provided 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 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 is certified by a Consultant that the treatment required is not available with the State the HSE are obliged to pay the cost of acquiring such treatment 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 the E.U Country and you inform and agreed terms and conditions with the Society, we will provide cover for In-Patient hospital treatment in the Country at rates up to but not exceeding these applying St Vincent's Private Hospital, Dublin. Repatriation to Ireland following illness or injury is excluded. You will 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 USE, Canada, Australia, Japan and the Middle East.

8 – MEDICAL EXP 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, 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 & having a similar Undertaking signed by his/her Solicitor 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 & 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 case 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.

9 - LIMITED SUMMARY OF ITEMS NOT COVERED

NB. Check with the office before commencing any treatment.

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 counselling. (14) R.T.A. Hospital Charges (15) Hearing Tests.

10 - SUBSCRIPTIONS

(RATES EFFECTIVE FROM 1st February 2024)

Comprehensive Contract:	Deduction from pay/pension After Tax Relief
1. Adult – Weekly Fee	€38.33 pw
2. One Child under 18 pw	€12.00
3. Two Children under 18 pw	€16.00
Three or more Children under 18	€18.00 pw
4. One Child in 18 to 20yrs Scheme	€14.00 pw
5. Two or more in 18 to 20 Scheme	€28.00 pw
6. Discounted Adult Rate for 21yr old	€19.55 pw
7. Discounted Adult Rate for 22yr old	€23.38 pw
8. Discounted Adult Rate for 23yr old	€27.21pw
9. Discounted Adult Rate for 24yr old	€31.05pw
10. Discounted Adult Rate for 25yr old.	€34.88 pw

*Retired Rate = divide the weekly rate by 7 and multiply by 365 and divide by 12
to calculate your monthly pension deduction*

The Discounted Adult Rate for a 21 to 25 yrs. 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.

11 - 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 **1st January 2024.**

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