

INPATIENT BENEFITS	VHI Health Plus Extra-Plan B	Irish Life - Health Plan 02	LAYA - Flex 125 Choice	Garda Medical Aid
Public Hospitals	Private Room Covered	Private Room Covered	Private Room Covered	Semi Private Room Covered.
<u>PRIVATE HOSPITALS.</u> (1) = Cover for Cancer & Cardiac in Private Hospital (2) = Cover for Certain Special Procedures in Some Private Hospitals. (3) = Cover in Private Hospitals for procedures other than Cancer, Cardiac and Certain Special Procedures.	(1) Semi Private - Full cover for Cardiac/Cancer Conditions. (2) Covered for certain Special Procedures in Mater Private, Blackrock & Beacon. (3) 55% cover in Mater Private & Blackrock for procedures other than Cardiac & Special Procedures. Beacon full cover.	(1) Semi Private - Full cover for Cardiac/Cancer Procedures. (2) Full cover for Special Procedures in Mater, Blackrock & Beacon €50 excess per claim. (3) 45% Semi Private for other than Cardiac and Special procedures. €1000 co-payment for Orthopedic Procedures. €50 excess per claim.	(1) Semi Private - Full cover for Cardiac/Cancer Conditions with €125 excess per claim. (2) €200 per night shortfall for certain Special Procedures in Mater Private, Blackrock Clinic. Beacon Covered. €125 excess p/c. (3) €200 per night shortfall for certain Special Procedures in Mater Private, Blackrock Clinic. Beacon Covered. €125 excess per claim.	(1) (2) and (3) Covered in full for a semi private room in all Private Hospitals in the State and in full for all procedures with no shortfalls or co-payments for any procedure/test or scan during the inpatient stay. NO SHORTFALLS OR CO - PAYMENTS IN ANY PUBLIC OR PRIVATE HOSPITAL IN THE STATE FOR SEMI PRIVATE ROOM
DayCase Care in Public and Private Hospitals	Covered in full	Covered in full	€50 excess per Claim	Covered in Full
Convalescence	€51 x 14 = €714	€30 x 16 = €480	€45 x 14 = €630	€86 x 14 = €1190
Maternity - Consultants Fees and Hospital Accommodation	€964.63 contribution to ALL Consultant Fees - Pre & Post & Birth, i.e. Pathology, Gynecologist, Anesthetist & Paedrician. Three days accommodation in any Hospital.	€964.63 contribution to ALL Consultant Fees - Pre & Post & Birth, i.e. Pathology, Gynecologist, Anesthetist & Paedrician. Three days accommodation in any Hospital.	€964.63 contribution to ALL Consultant Fees - Pre & Post & Birth, i.e. Pathology, Gynecologist, Anesthetist & Paedrician. Three days accommodation in any Hospital.	€1900 towards Gynecologist Fees for Natural & Caesarian deliveries. All Anesthetist, Pathologist, Paedrician fees in full plus hospital stay in semi private room. - No limit on stay in hospital
Home Birth	€3,150	€3,450	€3,500	€3,500
Psychiatric Care	180 days per annum	100 days per annum	100 days per annum	42 days p.a. Extra if approved.
Substance Abuse	91 days in 5 years	91 days in 5 years	91 days in 5 years	28 days in 5 yrs - Extra if approved.
OUT-PATIENT BENEFITS AS APPLIES ACROSS ALL THE PLANS.				
Excess on Policy	€1 per person per annum	€200 per person per annum	€1 per person per annum	No Excesses of any kind apply.
Outpatient Policy Limit	€2000 per annum	€4000 per annum	€6,500 per annum	No Outpatient Annual Limit
Monthly Drugs Benefit	Not Covered	Not Covered	Not Covered	Up to €60 per Month
GP Visits & Treatment	€40 per visit X 12	€40 X 4 visits	€30 per visit plus GP helpline X 3	Up to €40 per visit - max 30 per annum

Eye Laser Treatment	Not Covered	Not Covered	Not Covered	€400 per eye
Consultant consultations.	€80 per consultation	€55 per visit	€60 per visit	50% of the Consultation Fee
Consultant treatment in rooms	Not Covered	Not Covered	Not Covered	60% of cost or if Proc Code = in full
Emergency Dental	Not Covered	€450 - subject to €200 excess	€450 per accident	Covered following RTA or Assault resulting in immediate hospitalisation.
Non Emergency Dental	€40 per incident X 12	€40 X 4 visits per annum	€60 per annum	SEE DENTAL BENEFITS BELOW
Dental Extractions	Not Covered	Not Covered	Not Covered	€40 per extraction
Dental Fillings	Not Covered	Not Covered	Not Covered	€40 per filling
Dental Splints	Not Covered	Not Covered	Not Covered	60% to max of €100
Dental Crowns	Not Covered	Not Covered	Not Covered	60% to max of €220
Fissure Sealing	Not Covered	Not Covered	Not Covered	€20 per tooth
Periodontal Treatment	Not Covered	Not Covered	Not Covered	60% to max €150 pa per person
Root Canal Treatment	Not Covered	Not Covered	Not Covered	60% to max €250 pa per person
Bridging	Not Covered	Not Covered	Not Covered	60% to max €170 per unit
Construct & fit Jaw Brace	Not Covered	Not Covered	Not Covered	60% to max of €200
Orthodontic Treatment	Not Covered	Not Covered	Not Covered	60% to max €1700 once off payment
A & E Public & Private	€75 X 3 Public & €75 - Swiftcare	€66 x 3 - PUBLIC HOSP ONLY	€60 per visit	€80 in Public or Private Hospitals
Physio/Physical Therapy	€40 per visit X 12	€40 x 8 per family per annum	€25 x 25 pa.	60% to max €35 for 10 p person p.a.
Hearing Aids	Not Covered	Not Covered	Not Covered	60% to max €1000 per ear in 3 yrs
Counseling	Cancer only €50 x 10	€40 x 5 - €200 excess applies	Not Covered	60% to Max of €35 p person x 10 pa
Acupuncture	€25x12 for all alternat treatms	€30 x 4 for all alternative Trtms	50% x 12 for all Alternative Trtms	60% to Max of €25 p person x 10 pa
Speech Therapy	€25x12 for all alternat treatms	€30 x 4 for all alternative Trtms	50% x 12 for all Alternative Trtms	60% to Max of €25 p person x 10 pa
Osteopathy	€25x12 for all alternat treatms	€30 x 4 for all alternative Trtms	50% x 12 for all Alternative Trtms	60% to Max of €25 p person x 10 pa
Chiropractics	€25x12 for all alternat treatms	€30 x 4 for all alternative Trtms	50% x 12 for all Alternative Trtms	60% to Max of €25 p person x 10 pa
Chiropody	€25x12 for all alternat treatms	€30 x 4 for all alternative Trtms	50% x 12 for all Alternative Trtms	60% to Max of €25 p person x 10 pa
Wheelchair Benefit	Not Covered	Not Covered	Not Covered	60% to Max of €750
Orthotics	Not Covered	€40 x 2	Not Covered	60% to max €230 once in 3 years
IVF and Fertility Treatment	50% upto €2,000 X 2 in Lifetime	Not Covered	Upto €1,000	60% to max €2200 x 3 attempts

MRI Scans	Cover in approved Centres only	Approv Centr or €350 + excess	Cover in approved Centres only	In full in Approv Centres or €190
CT Scans	Cover in approved Centres only	Approv Centr or €200 + excess	Cover in approved Centres only	In full in Approv Centres or €190
PET Scans	Cover in approved Centres only	Cover in approved Centres only	Cover in approved Centres only	Paid in Full to all providers.
Mammogram	In full once every 2 years	Not Covered	Cover in approved Centres only	Approved Centre or 60% max €100
Dexa Scan	In full once every 2 years	Not Covered	Cover in approved Centres only	Approved Centres or 60% to max €50
ECG	Not Covered	Not Covered	Not Covered	Approved Centres or 60% to €100
Vasectomy/ Mirena Coil	Not Covered	€360 in GP only - Vasectomy	Not Covered	60% to max of €250
Educational/Behavior Assessm	Not Covered	Not Covered	Not Covered	60% to max of €200 - one pa.
Deans Clinic	€20 per visit x 12	50% x 8 upto €30 -children only	50% per consultation x 12 p annum	60% to max €80 per consult x 12 pa
Respirator Monitor	Not Covered	Not Covered	Not Covered	60% to max €200 pa
Blood Pressure/Holter Monitor	Not Covered	Not Covered	Not Covered	60% to max €100
Wig after cancer	YES	Not Covered	Not Covered	60% to max of €150 per year.
Sleep Apnea Machine	Not Covered	Not Covered	Not Covered	60% to max of €700 in 5 yrs
Venesection with GP	Not Covered	Not Covered	Not Covered	In full at approx €95
Rapid Acss Chest pain clinic	Not Covered	Not Covered	Not Covered	60% to max of €150.
Genetic Testing	Not Covered	Not Covered	Not Covered	60% to max of €600
Planter Fascitis injection	Not Covered	Not Covered	Not Covered	60% to max of €50 to max 5 pa.
Adoption Benefit	Not Covered	Not Covered	Not Covered	€1000 after adoption completed.
Ambulance Cover	In full between Hospitals	In full between Hospitals	In full between hospitals	In full between Hospitals
Manual Lymph Drainage	€50 X 10 visits	€50 x 5pa - €200 excess applies	Up to €500 per annum	€35 towards cost - no limit on visits
Overseas Cover	YES	YES	YES	Not Licensed to Cover this.
COST OF THE VARIOUS PLANS FOR ADULTS AND CHILDREN IN ALL AGE CATEGORIES PER ANNUM				
Price Per Adult Per Annum.	€2,784.28	€2,605.30	€2,604.94	€1,733.16
1st child under 18	€545.23	€805.10	€691.88	€564.20
2nd child under 18	€545.23	€805.10	€691.88	€147.16
3rd child under 18	€545.23	€805.10	€691.88	€71.24
4th child under 18	No charge	€108.00	€691.88	No charge
Each child 18 to 20	€813.82	€1,302.40	€1,302.47	€676 p.a. to max of 2 children.
Discounted 21 yr old	€1,322.02	€1,482.90	€1,342.72	€788.84 p.a. for one or more.
Discounted 22 yr old	€1,620.46	€1,763.40	€1,623.21	€979.16 p.a. Ditto
Discounted 23 yr old	€1,918.89	€2,043.90	€1,903.71	€1,172.60 p.a. Ditto
Discounted 24 yr old	€2,217.31	€2,324.40	€2,184.20	€1,366.04 p.a. Ditto
Discounted 25 yr old	€2,515.74	€2,605.30	€2,464.69	€1,560.00 p.a. Ditto
	VHI Health Plus Extra - Plan B	Irish Life Health Plan 02	LAYA Flex 125 CHOICE	Garda Medical Aid.