

WHAT YOU’RE COVERED FOR

Table of Cover - Level Health Plan E

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Your Hospital Cover	
Public Hospitals	
Day case	Full cover
Semi-private room	Full cover
Private room	Full cover
Private Hospitals	
Day case	Full cover
Semi-private room	Full cover
Private room	Full cover
Specified orthopaedic procedures	Full cover
Specified ophthalmic procedures	Full cover
High-Tech Hospitals (Blackrock Clinic, Mater Private Dublin)	
Day case	Full cover
Semi-private room	Full cover
Private room	Full cover
Cardiac procedures	Full cover
Specified orthopaedic procedures	Full cover
Specified ophthalmic procedures	Full cover

All benefits are per policy year unless otherwise stated. For full terms and conditions, read your Policy Document.

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Your hospital cover means the amount we pay the hospital directly for the bed that you are in while in hospital. It includes cover for in-patient (overnight stay) treatments and day case (admitted and discharged on the same day) services.

Covered at semi-private rate means that if you choose accommodation in a private room, we will cover up to the rate of a semi-private room and you pay the rest.

A full list of all approved hospitals can be found [here](#).

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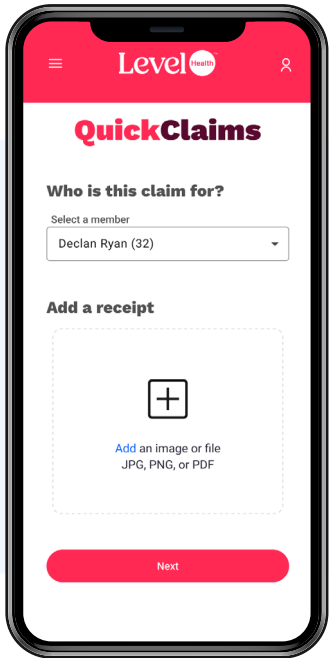
Hospital Cover - Other Benefits

Consultants' fees	Full cover for participating consultants
Psychiatric treatment	Covered up to 100 days per calendar year (with any insurer), subject to excess
Drug, alcohol, gambling & substance abuse	Covered up to 91 days every 5 years (with any insurer), subject to excess
Convalescence care	€26 per day for up to 14 days 
Oncotype testing	Covered (subject to pre-approval)
Genetic testing	Covered (subject to pre-approval)
FoundationOne CDx	Covered (subject to pre-approval)
Vasectomy	Up to €400 contribution (once per lifetime), paid directly to the registered GP or consultant



QuickClaims

This icon means you can claim this benefit using our QuickClaims service. Simply pay your healthcare provider, take a picture of your receipt, and submit it through QuickClaims on the [Level Health app](#) to get your refund.



Maternity Benefits

Maternity in-patient hospital delivery	Full cover up to 3 nights
Homebirth	Up to €3,500 
In-patient maternity consultant fees	Full cover for participating consultants
Post-natal home support (if hospital stay is less than 3 nights)	Up to €800 for eligible expenses per pregnancy if home after 1 night in hospital, or up to €400 if home after 2 nights in hospital 
Pre-natal care	Up to €500 for eligible expenses per pregnancy 
Post-natal care	Up to €500 for eligible expenses per pregnancy 

You are covered for maternity care at any listed public hospital. There are no private maternity hospitals in Ireland.

If you choose to be a private patient in a public hospital, you will be covered for up to 3 nights. If your hospital stay is less than 3 nights, you may be able to claim for eligible expenses under the post-natal home support benefit.

If your delivery is by caesarean section, your hospital stay will be covered under your in-patient hospital cover.

Your private health insurance provides contributions towards in-patient consultant delivery fees, covering the obstetrician, anaesthetist and paediatrician.



Cash Support Benefits (per policy year)

Cardiac hospitalisation support benefit	Up to €500 for eligible expenses 
Cancer support benefit	Up to €500 for eligible expenses 
Child hospitalisation support benefit	Up to €500 for eligible expenses 
Fertility support benefit	75% up to €2,000, 3 times per lifetime (to include preservation benefits, testing & treatment) 



International Cover		
International emergency hospital admission	Up to €100,000 per annum (must be arranged by calling International Assist Line)	
Repatriation	Up to €1,000,000 (must be arranged by calling International Assist Line)	
Companion expenses including repatriation	Up to €1,000	€€
Urgent care abroad	Up to €350 per visit	€€
Elective treatment outside Ireland	Covered up to €100,000, subject to pre-approval	€€



NEED HELP ABROAD?
Call our International Assist line
on +353 1 602 7004

This section explains cover outside of Ireland. That includes emergency hospital treatment that arises when you are on a temporary stay outside Ireland. It includes cover for repatriation expenses and companion expenses. It also includes elective cover in hospitals outside Ireland for which you may be able to make a claim. For elective treatment outside Ireland, we cover up to the same amount that the treatment would cost in Ireland, up to a maximum of €100,000.



Urgent Care		
Public A&E	Up to €100 per visit	€€
Urgent Care Clinics & Minor Injury Units	Up to €350 per visit in approved centres	€€
Emergency Departments in Private Hospitals	Up to €350 per visit in approved centres	€€

You can claim back the cost of attending an approved Urgent Care Clinic or Minor Injury Unit, or an Emergency Department in a Private Hospital. Minor injury and urgent care clinics are walk-in medical clinics for treatments of broken bones, sprains, strains and other minor illnesses.

A full list of all available Urgent Care Clinics, Minor Injury Units, and Emergency Departments in Private Hospitals can be found [here](#).



Scans		
MRI, CT and PET-CT scans (in approved facilities)	Full cover	
MRI, CT and PET-CT scans (in non-approved facilities)	Covered up to €150	€€
Dexa scan (in approved facilities)	Full cover	
Mammogram (in approved facilities)	Full cover	
Mammogram (in non-approved facilities)	Covered up to €100	€€
Ultrasound	Covered up to €100	€€

A full list of all approved scan centres can be found [here](#).





Telemedicine Service - QuickClinic (Click here for latest range of telemedicine benefits)		
WhatsApp or message an Irish based Doctor - 24/7 on-demand	Unlimited	
WhatsApp or message a Midwife	Unlimited	
WhatsApp or message a Mental Health Professional	Unlimited	
Video calls with an Irish based Doctor - 24/7 on-demand	Unlimited	
Video calls with a Mental Health Professional	Unlimited	
Video calls with a Physiotherapist	Unlimited	
Video calls with a Nutritionist	Unlimited	
Online Prescription Service	Unlimited	
Mental Health Assessment	Unlimited	
Expert Medical Opinion	Unlimited	



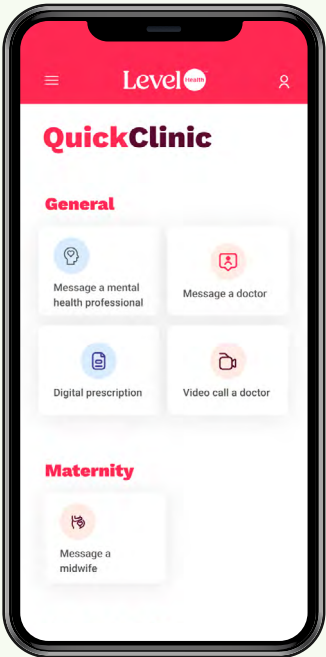
Day to Day Medical Expenses		
GP visits	€50 per visit, 6 visits per annum*	
Consultant visits	€150 per visit, 6 visits per annum*	
Dentist visits (routine treatment)	€50 per visit, 6 visits per annum*	
Physiotherapist visits	€50 per visit, 6 visits per annum*	
Psychotherapy and counselling	€50 per visit, 6 visits per annum*	
Complementary therapists (Acupuncture, Chiropody, Chiropractor, Dietician, Massage Therapist, Nutritionist, Occupational Therapist, Optometrist, Osteopathy, Physical Therapy, Podiatrist, Reflexology, Reiki, Speech and Language Therapist)	€50 per visit, 6 visits per annum*	
Health screen	€500 x 1 per annum	
Radiology diagnostic test	Up to €50 per claim	
Radiologist fees	Up to €50 per claim	



QuickClinic

Skip the waiting rooms and get immediate medical advice from qualified doctors, midwives and mental health professionals. Whether you need a prescription refill, have a health concern, or need professional reassurance, our doctors are available 24/7, in your pocket.

These services can be accessed through the [Level Health app](#) and on the website.



Your plan includes cashback for face-to-face visits for a range of everyday health expenses. These are consultations that generally take place outside of a hospital setting. You can claim for these through QuickClaims on the [Level Health app](#).

***Pooling applies to these Day to Day medical expenses, meaning you can share visits with other members on the same policy and plan.**

The benefit for Complementary Therapists covers the number of visit(s) you can claim for in total across all of the listed practitioners, not a number of visits for each type of practitioner.





Day to Day Medical Expenses (continued)		
Wellness support benefit	Up to €50	
Optical benefit	Up to €150	
Travel vaccinations	Up to €100	
Child development assessment	Up to €500 per lifetime	
Female health benefit	Up to €200	



Out-patient Cover (subject to excess)		
Excess per person	€125	
Consultant fees	€50 per visit	
Emergency dental benefit	Up to €250 per claim	
Pathology diagnostic test	Up to €50 per claim	
Pathologist fees	Up to €50 per claim	
Overall limit on Day to Day and Out-patient benefits	€3,000	

The out-patient excess is the annual amount you must pay out-of-pocket for out-patient treatment before your insurance benefits begin to apply.

The claim amount listed for each out-patient benefit is the amount that contributes towards reaching the out-patient excess. This means that if you had an out-patient consultant visit that cost you €200, €50 of that visit would apply towards the out-patient excess amount.





For further information or support:



Visit us at
levelhealth.ie



Contact us
[here](#)



Call us on
01 261 2000



WhatsApp
chat [here](#)



IT'S SIMPLY SMARTER.

Download the Level Health app now.



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